



2009

**Arizona Behavioral Risk Factor Surveillance System
Questionnaire**

October 17, 2008

Behavioral Risk Factor Surveillance System

2009 Draft Questionnaire

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INTERVIEWER'S SCRIPT

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men?

___ Number of men

How many of these adults are women?

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 4

DRAFT

To the correct respondent:

HELLO, I am calling for the **(health department)** . My name is **(name)** . We are gathering information about the health of **(state)** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

DRAFT

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

- 1.1** Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

—	—	Number of days	
8	8	None	[If Q2.1 and Q2.2 = 88 (None), go to next section]
7	7	Don't know / Not sure	
9	9	Refused	

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

- 3.2** Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

1	Yes, only one
2	More than one
3	No
7	Don't know / Not sure
9	Refused

- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 5: Exercise

5.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (86)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Diabetes

6.1 Have you ever been told by a doctor that you have diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(87)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Section 7: Hypertension Awareness

7.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(88)

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

[Go to next section]
[Go to next section]
[Go to next section]
[Go to next section]
[Go to next section]

7.2 Are you currently taking medicine for your high blood pressure?

(89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Cholesterol Awareness

8.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

8.2 About how long has it been since you last had your blood cholesterol checked? (91)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

8.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

9.1 (Ever told) you had a heart attack, also called a myocardial infarction? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.2 (Ever told) you had angina or coronary heart disease? (94)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.3 (Ever told) you had a stroke? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 10: Asthma

10.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

10.2 Do you still have asthma? (97)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to Q11.4] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | [Go to Q11.5] |
| 2 | No | [Go to Q11.5] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused | [Go to next section] |

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |
| 0 7 | Over 10 years ago |
| 0 8 | Never smoked regularly |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

11.5 Do you currently use chewing tobacco or snuff every day, some days, or not at all? (103)

- | | |
|---|------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 12: Demographics

12.1 What is your age? (104-105)

Code age in years
 0 7 Don't know / Not sure
 0 9 Refused

12.2 Are you Hispanic or Latino? (106)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

12.3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or Other Pacific Islander
 5 American Indian or Alaska Native

Or

6 Other [specify] _____

Do not read:

8 No additional choices
 7 Don't know / Not sure
 9 Refused

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

1 White
 2 Black or African American
 3 Asian
 4 Native Hawaiian or Other Pacific Islander
 5 American Indian or Alaska Native
 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

12.6 Are you...?

(115)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

12.7 How many children less than 18 years of age live in your household?

(116-117)

- — Number of children
- 8 8 None
- 9 9 Refused

12.8 What is the highest grade or year of school you completed?

(118)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

12.9 Are you currently...?

(119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10 Is your annual household income from all sources—

(120-121)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

12.11 About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.

12.12 About how tall are you without shoes?

(126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

— — / — —	Height
(f t / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(130-133)

Note: If respondent answers in metrics, put "9" in column 130.

Round fractions up

— — — —	Weight	
(pounds/kilograms)		
7 7 7 7	Don't know / Not sure	[Go to Q12.15]
9 9 9 9	Refused	[Go to Q12.15]

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

12.15 What county do you live in? (135-137)

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

12.16 What is your ZIP Code where you live? (138-142)

— — — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

12.17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

1	Yes	
2	No	[Go to Q12.19]
7	Don't know / Not sure	[Go to Q12.19]
9	Refused	[Go to Q12.19]

12.18 How many of these telephone numbers are residential numbers? (144)

- Residential telephone numbers **[6 = 6 or more]**
- 7 Don't know / Not sure
- 9 Refused

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.20 Indicate sex of respondent. Ask only if necessary. (146)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

12.21 To your knowledge, are you now pregnant? (147)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Caregiver Status

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1 During the past month, did you provide any such care or assistance to a friend or family member? (148)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (150)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 15: Alcohol Consumption

15.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[Go to next section]
[Go to next section]
[Go to next section]

15.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[Go to next section]

- 15.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (155-156)

Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_ _ Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

- 15.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion? (157-158)

_ _ Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

- 15.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

_ _ Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

Section 16: Immunization

- 16.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

1 Yes
 2 No [Go to Q16.3]
 7 Don't know / Not sure [Go to Q16.3]
 9 Refused [Go to Q16.3]

- 16.2** During what month and year did you receive your most recent flu shot? (162-167)

_ _ / _ _ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

16.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™. (168)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q16.5] |
| 7 | Don't know / Not sure | [Go to Q16.5] |
| 9 | Refused | [Go to Q16.5] |

16.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (169-174)

- | | |
|---------------|-----------------------|
| -- / -- -- | Month / Year |
| 7 7 / 7 7 7 7 | Don't know / Not sure |
| 9 9 / 9 9 9 9 | Refused |

16.5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (175)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

[Pandemic Influenza Questions---added after Immunization Questions]

Section 17: Arthritis Burden

Next I will ask you about arthritis.

- 17.1** Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(176)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

- 17.2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(177)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

CATI note: This question should be asked of all respondents regardless of employment status.

- 17.3** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

(178)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

17.4 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(179)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

17.5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

(180-181)

- Enter number [0-10]
- 9 7 Don't know / Not sure
- 9 9 Refused

Section 18: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.2 Not counting juice, how often do you eat fruit? (185-187)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.3 How often do you eat green salad? (188-190)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.5 How often do you eat carrots?

(194-196)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(197-199)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 19: Physical Activity

CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.

19.1 When you are at work, which of the following best describes what you do? Would you say—

(200)

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

19.2 Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (201)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q19.5] |
| 7 | Don't know / Not sure | [Go to Q19.5] |
| 9 | Refused | [Go to Q19.5] |

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- | | | |
|-----|---|---------------|
| — — | Days per week | |
| 8 8 | Do not do any moderate physical activity for at least 10 minutes at a time? | [Go to Q19.5] |
| 7 7 | Don't know / Not sure | [Go to Q19.5] |
| 9 9 | Refused | [Go to Q19.5] |

19.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (204-206)

- | | |
|-------|---------------------------|
| — : — | Hours and minutes per day |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

19.5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (207)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

- | | | |
|-----|--|-----------------------------|
| — — | Days per week | |
| 8 8 | Do not do any vigorous physical activity for at least 10 minutes at a time | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

19.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (210-212)

- | | |
|-------|---------------------------|
| — : — | Hours and minutes per day |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

Section 20: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

20.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (213)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q20.5] |
| 7 | Don't know / Not sure | [Go to Q20.5] |
| 9 | Refused | [Go to Q20.5] |

20.2 Not including blood donations, in what month and year was your last HIV test? (214-219)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- | | |
|---------------|-----------------------|
| — / — | Code month and year |
| 7 7 / 7 7 7 7 | Don't know / Not sure |
| 9 9 / 9 9 9 9 | Refused |

20.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (220-221)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.

20.4 Was it a rapid test where you could get your results within a couple of hours? (222)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

20.5 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (223)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

21.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

(224)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

21.2 In general, how satisfied are you with your life?

(225)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 22: Cancer Survivors

Now I am going to ask you some questions about cancer.

22.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

22.2 How many different types of cancer have you had? (227)

- | | | |
|---|-----------------------|----------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

22.3 At what age were you told that you had cancer? (228-229)

- | | |
|-----|-----------------------|
| — — | Age in years |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

22.4 What type of cancer was it? (230-231)

If Q22.2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other

Do not read:

7 7 Don't know / Not sure
9 9 Refused

DRAFT

Core Closing Statement or Transition to Modules and/or State-Added Questions

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Or

Transition to modules and/or state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.1 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (246)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 2: Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)
- | | | |
|---|---|---------------------------------------|
| — | — | Code age in years [97 = 97 and older] |
| 9 | 8 | Don't know / Not sure |
| 9 | 9 | Refused |

2. Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(253-255)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(256-257)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(258-259)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

— — Number of times [76 = 76 or more]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

Read only if necessary:

1 Within the past month (anytime less than 1 month ago)
 2 Within the past year (1 month but less than 12 months ago)
 3 Within the past 2 years (1 year but less than 2 years ago)
 4 2 or more years ago

Do not read:

7 Don't know / Not sure
 8 Never
 9 Refused

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Module 7: Actions to Control High Blood Pressure

CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (295)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (298)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

If “Yes” and respondent is *female*, ask: “*Was this only when you were pregnant?*”

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

Module 8: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)

- 1 Yes
- 2 No

7 Don't know / Not sure
9 Refused

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (310)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

1 Yes
2 No

7 Don't know / Not sure
9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

Please read:

1 Take them to the hospital
2 Tell them to call their doctor
3 Call 911
4 Call their spouse or a family member

Or

5 Do something else

Do not read:

7 Don't know / Not sure
9 Refused

Module 17: Shingles

CATI note: If respondent is ≤ 49 years of age, go to next module.

The next question is about the Shingles vaccine.

1. Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine? (372)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 21: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (409)
- 1 All
 - 2 Most
 - 3 Some
 - 4 A little
 - 5 None
 - 7 Don't know / Not sure
 - 9 Refused
2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (410)
- 1 All
 - 2 Most
 - 3 Some
 - 4 A little
 - 5 None
 - 7 Don't know / Not sure
 - 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[If necessary: all, most, some, a little, or none of the time?]

(411)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(412)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

[If necessary: all, most, some, a little, or none of the time?]

(413)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(414)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (415-416)

--	Number of days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (417)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (418)

Read only if necessary:

1	Agree strongly
2	Agree slightly
3	Neither agree nor disagree
4	Disagree slightly
5	Disagree strongly

Do not read:

7	Don't know / Not sure
9	Refused

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (419)

Read only if necessary:

1	Agree strongly
---	----------------

- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

State-Added: Cancer Survivorship

CATI note: If Core Q22.1 = 1 (Yes), continue. Otherwise, go to next module.

Previously you said that you had been told by your doctor that you had cancer. The next questions are about your experiences with cancer.

AZ1_1. Did you participate in a clinical trial as part of your cancer treatment?

(343)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added: Tobacco Items

Second-hand Smoke

AZ2_1. Which statement best describes the rules about smoking inside your home? [AZ BRFSS 2007]

(Please read)

- 1. Smoking is not allowed anywhere inside your home
- 2. Smoking is allowed in some places or at some times
- 3. Smoking is allowed anywhere inside your home
- 4. There are no rules about smoking inside your home

(Do not read)

- 7. Don't know/Not sure
- 9. Refused

AZ2_2. Do you allow smoking in your car or motor vehicle? [ASHline Client Intake Form]

- 1. Yes
- 2. No
- 3. I don't have a car or motor vehicle
- 7. Don't know/Not sure
- 9. Refused

Skip to next section: If item 12.9 is higher than 2 (employed respondents only)

AZ2_3. While working at your job, are you indoors most of the time? [AZ BRFSS 2007]

1. Yes
2. No

(Do not read)

7. Don't know/Not sure
9. Refused

AZ2_4. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? [AZ BRFSS 2007]

CATI note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

(Please read)

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy

(Do not read)

7. Don't know/Not sure
9. Refused

AZ2_5. Which of the following best describes your place of work's official smoking policy for work areas? [AZ BRFSS 2007]

(Please read)

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy

(Do not read)

7. Don't know/Not sure
9. Refused

Amount of smoking – Current smokers only

AZ2_6. Now I'd like you to think about the past 30 days, that is since [DATE FILL]. On how many of the past 30 days did you smoke cigarettes? [AZ ATS 2005]

- 1. Number of Days ____ (enter 0 if none)
- 7. Don't know/Not sure
- 9. Refused

AZ2_7. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day? [AZ ATS 2005]

- 1. Number of cigarettes____
(Note to interviewer: 1 pack=20 cigarettes)
- 7. Don't know/Not sure
- 9. Refused

Purchase Pattern – Current smokers only

AZ2_8. In the past 6 months, have you bought cigarettes: [AZ ATS 2005]

(Please read)	Yes	No	DK	Ref
In Neighboring States	1	2	7	9
On Indian Reservations	1	2	7	9
In Mexico	1	2	7	9
On a military base	1	2	7	9
Over the Internet	1	2	7	9

Tax Increase – Current smokers only

(Please read) In December 2006, cigarettes became more expensive in Arizona because of a tax increase. Keeping this in mind for the following questions, please tell me,

AZ2_9. Because of the tax increase in Dec. 2006, have you done any of the following: [New]

(Please read)	Yes	No	DK	Ref
Bought a cheaper brand of cigarettes	1	2	7	9
Smoked roll-your-own cigarettes	1	2	7	9
Smoked less	1	2	7	9

Readiness to Quit – Current smokers only

AZ2_10. Are you seriously considering stopping smoking within the next six months?

[AZ ATS 2005]

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Interaction with Health Care Providers

AZ2_11. In the past 12 months, have you seen a doctor or other healthcare professional, including dentist and dental health professionals, to get health care for yourself? [AZ ATS 2005]

- 1. Yes
- 2. No → skip to next section
- 7. Don't know/Not sure → skip to next section
- 9. Refused → skip to next section

AZ2_12. In the past 12 months, did any doctor, nurse or other healthcare professional ask you if you smoke? [AZ ATS 2005]

- 1. Yes
- 2. No → skip to next section
- 7. Don't know/Not sure → skip to next section
- 9. Refused → skip to next section

If not a current smoker → Skip to next section

Ask of current smokers

AZ2_13. In the past 12 months, did any doctor, nurse, or other healthcare professional advise you not to smoke? [AZ ATS 2005]

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Quit Assistance – Current/former smokers only

****To be put after item 11.1, if yes****

AZ2_14. How long did you actually stay off cigarettes after your last quit attempt?

[California Tobacco Survey 1996, C.9]

Number: |_|_|_|
Unit: 1. Days
 2. Weeks
 3. Months

77. Don't know/Not sure
88. I have not tried
99. Refused

Ask AZ2_17 & AZ2_18 of:

CURRENT SMOKERS who made a quit attempt in the past year (Q11.3 = 1 "yes") or
FORMER SMOKERS who quit in last 5 years (Q11.4= 1 - 5)

When you quit smoking for good...[FORMER SMOKERS:]
The last time you tried to quit smoking, [CURRENT SMOKERS:]

AZ2_15. Did you use the nicotine patch, nicotine gum, or any other medication to help you quit? [AZ ATS 2005]

1. Yes → **Go to Q16**
2. No → **Skip next item**

77. Don't know/Not sure → **Skip next item**
99. Refused → **Skip next item**

AZ2_16. Did you use? (SELECT ALL THAT APPLY): [AZ ATS 2005]

		YES	NO	DK	REF
a.	A nicotine gum	1	2	7	9
b.	A patch	1	2	7	9
c.	A nasal spray	1	2	7	9
d.	An inhaler	1	2	7	9
e.	Zyban or Bupropion	1	2	7	9
f.	Wellbutrin	1	2	7	9
g.	Chantix	1	2	7	9

AZ2_17. The last time you tried to quit smoking did you use any of these forms of assistance? [CURRENT SMOKERS] [AZ ATS 2005]

When you quit smoking for good did you use any of these forms of assistance? [FORMER SMOKERS]

	YES	NO	DK	REF
a. A stop smoking clinic or class	1	2	7	9
b. A telephone helpline	1	2	7	9
c. One-on-one counseling from a doctor, nurse, or other professional	1	2	7	9
d. Self-help material, books, or videos	1	2	7	9
e. Acupuncture	1	2	7	9
f. Hypnosis	1	2	7	9
g. Internet counseling	1	2	7	9

State-Added: Food Assistance Program Participation

AZ3_1. In the past 12 months, did (you/anyone in this household) get food stamp benefits that is, either food stamps or a food stamp benefit card?

- a. Yes
- b. No
- c. Do not know
- d. Refused

AZ3_2. In the past 12 months, did any (women/women or children/children) in this household get food through the WIC program?

- e. Yes
- f. No
- g. Do not know
- h. Refused

AZ3_3. In the past 12 months, did (your child/any children in the household between 5 and 18 years old) receive free or reduced-cost lunches at school?

- i. Yes
- j. No
- k. Do not know
- l. Refused

Sexual Orientation

AZ4_1. Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be: [AZ ATS 2005, Oregon BRFS 2008]

- 1. Heterosexual, that is, straight;
- 2. Homosexual, that is gay or lesbian;
- 3. Bisexual, or
- 4. Other

*CATI note: Remember, your answers are confidential. **[IF NEEDED:** Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Arizona. You don't have to answer any question if you don't want.]*

DRAFT